## PATENT APPLICATION EE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/533118

| (Column 1) (Column 2)   |  |   |   |                                   |              |  | SMAĻL E<br>TYPE | SMALL ENTITY TYPE      |     | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|---|-----------------------------------|--------------|--|-----------------|------------------------|-----|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES  |  |   |   |                                   |              |  | RATE            | FEE                    | ] . | RATE                       | FEE                    |
| BASIC FEE   |  |   | SMALL ENT. = \$ 150   |                                   | LARG         | SE ENT. = \$ 300                                       | BASIC FEE       | 150                    | OR  | BASIC FEE                  |                        |
| EXAMINATION FEE   |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$100                |                                   | \$           | her situations = 100 / \$ 200                          | EXAM. FEE       | 00                     | 1   | EXAM. FEE                  |                        |
| SEARCH FEE  |  |   | All other situations (ie. No<br>Search Rpt.)<br>= \$ 250 / \$ 500 |                                   | ALL o        | SA = \$50 / \$ 100<br>ther countries =<br>200 / \$ 400 | SEARCH FEE      | 200                    |     | SEARCH FEE                 |                        |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =   |                                   |              | / 50 =   | X \$ 125 =      | :                      |     | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | minus 20 =  |                                   | *            |  | X \$ 25 =       |                        | OR  | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS  |  |   | minus 3 =   |                                   | *            |  | X \$ 100 =      |                        | OR  | X \$ 200 =                 |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT   |                                   |              |  | + \$ 180 =      |                        | OR  | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |   |                                   |              | lumn 2   | TOTAL           | 450                    | OR  | TOTAL                      |                        |
|   | (  | (Column 1)                                | AMENDED   | - PART<br>(Colur                  | nn 2)        | (Column 3)   | SMALL           | SMALL ENTITY           |     | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           | ·   | PREVIC<br>PAID                    | BER<br>DUSLY | PRESENT<br>EXTRA                                       | RATE            | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                                |              | =  | X \$ 25 =       |                        | OR  | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus   | ***                               |              | =  | X \$ 100 =      |                        | OR  | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                   |              |  | + \$ 180 =      |                        | OR  | + \$ 360 =                 |                        |
|   |  |   |   | _                                 |              |  | TOTAL ADDIT     |                        | OR  | TOTAL ADDIT. FFF           |                        |
|   |  | (Column 1)                                |   | (Colum                            |              | (Column 3)   |                 |                        |     |                            |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>USLY  | PRESENT<br>EXTRA                                       | RATE            | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                                |              | =  | ·X \$ 25 =      |                        | OR  | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus   | ***                               |              | =  | X \$ 100 =      |                        | OR  | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                   |              |  | + \$ 180 =      |                        | OR  | + \$ 360 =                 |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  |  |   |   |                                   |              |  |                 |                        |     |                            |                        |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |                                   |              |  |                 |                        |     |                            |                        |